



Maternal Health Leadership Council

Meeting Minutes : September 22, 2020: 3:30-5:30 PM : Location: Zoom only

Members Present

Chair, Dr. Tersh McCracken, MOMS Medical Director & OB/GYN with Billings Clinic
Kristen Rogers, Family & Community Health Bureau Chief at DPHHS
Ann Buss, Title V Director/Maternal & Child Health Supervisor at DPHHS
Tami Schoen, WIC, CPA at Hill County Public Health Department
Dr. Tim Wetherill, Medical Director at Blue Cross Blue Shield of Montana
Dr. Drew Malany, OB/GYN at Women's Health Care Center, PLLC and Chair of Montana American College of Obstetrics & Gynecology (ACOG)
Dr. Bardett Fausett, Maternal Fetal Medicine Specialist and President/Medical Director at Origin Health
Karen Cantrell, American Indian Health Director at DPHHS
Lisa Troyer, Wellness Consultant at PacificSource
Mary LeMieux, Member Health Management Bureau Chief at Medicaid and Perinatal Behavioral Health/Meadowlark Initiative Project Director
Janie Quilici, LAC, LSWC, Perinatal Behavioral Health Counselor at Community Physicians Group
Jude McTaggart, Certified Nurse Midwife at Northeast Montana Health Services
Olivia Riutta (for Cindy Stergar), Outreach & Engagement Manager at Montana Primary Care Association
Vicki Birkeland, Nursing Director, Women's Services at SCL Health-St. Vincent Healthcare and Chair of the Montana Perinatal Quality Collaborative
Brie MacLaurin, Executive Director of Healthy Mothers, Healthy Babies
Dr. Christina Marchion, Family Medicine/OB at Central Montana Medical Center
Dina Kuchynka, Maternal & Newborn Health Manager at SCL Health – Holy Rosary

Members Absent

Vice-Chair, Judge Mary Jane Knisely, 13th District Court Judge, Felony Impaired Driving Court (IDC), CAMO Court (Veterans Treatment Court)
Lisa Troyer, Wellness Consultant at PacificSource
Jude McTaggart, Certified Nurse Midwife at Northeast Montana Health Services
Dr Malcom Horn, Medical Director at Blue Cross Blue Shield of Montana

Program Staff Present

Amanda Eby, MOMS Program Specialist at DPHHS
Brenna Richardson, Program Assistant at DPHHS
Stephanie Fitch, Program Coordinator for MOMS at Billings Clinic
Dianna Linder, Director of Grants and Program Development at Billings Clinic
Carly Holman, University of Montana

Public Attendees

Leslie deRosset, Implementation Specialist at the Maternal Health Learning and Innovation Center (MHLIC) and the University of North Carolina

Welcome and introductions

Dr. Tersh McCracken opened the meeting and lead roll call. Dr. Christina Marchion motioned to approve the August minutes and the leadership council approved the meeting minutes.



Adopt the Terms of Reference

Dr. McCracken requested to adopt the Terms of Reference. Amanda Eby gave a brief recap that the Terms of Reference was created from a template provided by MHLIC. There was a delay with approving the terms due to legal guidance on requirements for public meetings. Since public funds are used for this program, meetings will always be open to the public and archived on the website. Dr. McCracken requested a motion to approve. Dr. Drew Malany motioned to approve the Terms of Reference and the leadership council approved the terms.

Update from the Billings Clinic demonstration project

Stephanie Fitch provided an update on the Billings Clinic demonstration project. Billings Clinic continues to do Project Extension for Community Healthcare Outcomes (ECHO) clinics the second and fourth Tuesdays each month. They are always looking for case presentations for future ECHO Clinics. Billings Clinic continues to work with Simulation in Motion Montana (SIM-MT) for the mobile simulation trainings but are hitting some delays because of COVID-19. Trainers for the American College of Obstetricians and Gynecologists Emergencies in Clinical Obstetrics (ACOG ECO) Train-the-trainer program are unable to travel due to COVID-19 restrictions, so ACOG is piloting a virtual option. Nursing certification courses for Neonatal Resuscitation Program (NRP) and Sugar, Temperature, Airway, Blood pressure, Lab work and Emotional support (STABLE) will be offered to nurses in rural Montana for facilities that are non-birthing, primarily. Billings Clinic continues to work out details for the perinatal substance use treatment demonstration project, which will connect women to behavioral health and medication assistance treatment. Virtual patient monitoring is still in the planning stages and could be rolled out early 2021.

Update from the University of Montana data and evaluation team

Carly Holman (filling in for Annie Glover) provided an update on the University of Montana data and evaluation. The Maternal Health in Montana report is almost final with plans to present to the leadership council in October. This report will always be available to the public and is a comprehensive overview of maternal health in the state. The telemedicine obstetrician care delivery and COVID-19 research study is also almost complete, with plans to present the results later this winter. The severe maternal morbidity study has launched and is in partnership with the Montana Hospital Association (MHA). The research focus is to assess patterns and quantify causes of severe maternal morbidity in Montana as well as examine disparities related to geography, race, hospital and maternal characteristics. The University continues to provide ongoing technical assistance and quality improvement support to the state and Billings Clinic.

Maternal mortality review (MMR) discussion

Dr. McCracken provided a summary of the ERASE Maternal Mortality: MMRIA and ACOG DVIII States Update meeting, stating that it was inspiring and invigorating to hear what other states are doing, what they've found, how they're acting on it and what their barriers have been. Dr. Drew Malany also summarized the discussion from the meeting, stating Montana is doing well with hospital inpatient deaths, as far prevention. Most deaths are happening from six weeks to one year in the areas of suicide,



mental health and car accidents. Montana does have Maternal Mortality Review Information Application (MMRIA) now and starting with 2020 deaths, all deaths will be reported through the MMRIA system. Another stand out focus in the meeting was the health coverage need for women, postpartum six weeks to a year. The Montana Medical Association is looking at the effect of Medicaid expansion and what the impact is on patients losing private insurance and still being covered.

Ann Buss provided next steps for a Maternal Mortality Review Committee (MMRC). Montana will be joining a regional committee with Utah and Wyoming. The Montana Code Annotated is written in such a way that the state will be able to do the MMRC at an established county level and then work with the regional committee. The Department of Public Health and Human Services (DPHHS) will need to figure out data use agreements and memorandums across states. Additional steps include working with the Centers for Disease Control (CDC) on training for MMRIA. Montana will develop the MMRC at a state level, utilizing the local FICMMR review committee lead. Further discussion on how many times a death will be reviewed will continue, and finer details will continue to be worked out.

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis & TOWS matrix strategy session

Amanda Eby provided a brief description the SWOT Analysis findings from the August meeting. Leslie deRossett with the MLHIC facilitated a discussion to recap and expand the Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis of the access to care barrier. Then Leslie facilitated the council in completing a Threats, Opportunities, Weaknesses and Strengths (TOWS) Assessment of the access-to-care barrier. Leslie explained having identified threats and weaknesses can help build a better TOWS. [Leslie's presentation can be found here.](#)

Key comments and concerns from the SWOT Analysis and TOWS Assessment

- There is a real threat to the health of women with the potential roll back of Medicaid Expansion and Affordable Health Care Act.
- If we don't work to make changes, we will see an increase in severe morbidity and mortality.
- Increase awareness and access to psychiatric care and social workers.
- Recognizing culturally competent care for Montana's American Indian community members, both on and off the reservations.
- Understanding cultural differences and multi-generational trauma communities face - especially those communities that are still incarcerating pregnant women that are caught using illegal substances.
- Trying to reduce the stigma and educating healthcare people of trauma that pregnant women may be experiencing.
- It's important to find opportunities and identify residents that might want to stay in a frontier community because of education on loan repayment programs.
- Finding a way to connect relationships already established with the Indian Health Services and connecting them with midwives.



- Finding areas of opportunities to increase training for EMS and paramedics to provide more advanced life-saving skills during transfers. Montana has a lot of volunteers in rural areas and would benefit from grants.
- Montana is a very connected state that enjoys working across the board - this opens opportunities
- How can Montana's Home Visiting Program help with the MOMS Program?
- One area of opportunity is to get into Montana schools and educate the younger population about Student Loan Repayment Programs.
- Another area of opportunity is filling the gap between what's happening on the ground in communities and counties versus what's happening at the state level.

After wrapping up the TOWS assessment, Leslie gave a brief introduction to driver diagrams to prepare for the topic at the October meeting.

Review Meeting Process and Next Steps

Dr. Tersh McCracken and Amanda thanked everyone for their attendance and contributions to the committee. The next meeting was confirmed for October 27, 2020, 3:30-5:00.

Meeting adjourned at 5:34 pm.